



New Testament Baptist Church Summer Camp Program 2019



New Testament Baptist Church and its ministries, The Master's Academy and Dade Christian School, exist to challenge children to become well-balanced, Christ-like persons by educating in the mental, physical, social, and spiritual realms.

REGISTRATION PACKET

This packet will provide you with all of the information necessary to register your child(ren) in the NTBC/TMA/DCS Summer Camp Program. It is imperative that you read all of the information thoroughly and initial and sign where necessary. If you have any additional questions or feel there is something we should know about your child before camp begins, please feel free to call Mrs. Mercy at DCS: (305) 822-7690.

We look forward to seeing you and your children soon!

CAMP DATES: May 28 - August 2nd
CAMP HOURS: 9:00AM - 4:00PM
EARLY IN: 7:30AM
EXTENDED CARE: 4:00PM - 6:00PM

Forms Included in this Packet:

1. Camper Registration Form - Pg. 2-3
2. Camp Dates, Tuition, Fees, Payment Options, Sibling Discounts - Pg. 4
3. Camp Policies—Important Information - Pg. 5
4. General, Transportation, Swimming, and Insurance Waiver - Pg. 6
5. Automatic Debit/Credit Card Charge Authorization Form - Pg. 7

REGISTER BY MAIL OR IN PERSON AT:

DADE CHRISTIAN SCHOOL
6601 NW 167TH STREET
MIAMI, FL 33015
PH: (305) 822-7690 Ext 8735
FAX: (305) 364-4802
EMAIL: mquintero@dadechristian.org

CAMP TUITION AND FEES:

One-time Registration Fee:	\$	75.00
Full-Time Tuition (48 days):	\$	1500.00
Part-Time Tuition (24 days):	\$	750.00
Weekly Tuition:	\$	175.00
Lunch Ticket:	\$	25.00
Extended Care Pass:	\$	25.00

Office use only

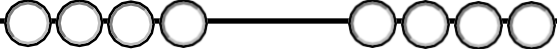
Camper #	Group	Swim
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NTBC SUMMER CAMP 2019

Camper Registration Form

Use ONE Registration Form per camper. Please print legibly.

Please circle a T-Shirt size: Youth: XS, S, M, L Adult: S, M, L, XL



I. Camper Information

CamperName (Last) _____ (First) _____ (Middle In.) _____

CamperAddress _____ City _____ State _____ Zip _____

Age _____ DOB _____ Male/Female _____

SchoolName _____ **CURRENT Grade Level** _____

Parent's Email _____

How did you hear about our camp? _____

II. Family Information

Mother's Name (First/MI/Last) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

Father's Name (First/MI/Last) _____ Home Phone _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

III. Emergency Contacts and Camper Pick Up Authorization

Parent's Authorization Signature _____

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

5. Name _____ Relationship _____ Phone _____

IV. Health Information

Child's Physician _____ Phone _____

NTBC SUMMER CAMP 2019

IV. Health Information Continued

Please advise us of any learning disabilities, emotional, or physical conditions to assist us in providing the best camp experience for your child:

List all medications your child will bring with him/her to camp:

<i>Medication</i>	<i>Medical Condition</i>	<i>To Be Given When/How</i>
<hr/>	<hr/>	<hr/>
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V. Allergies: List all known allergies

<i>Medication Allergies</i>	<i>Describe reaction and management of the reaction</i>
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<hr/>	<hr/>
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<i>Food Allergies or Dietary Restrictions</i>	
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<i>Other Allergies (i.e. insect stings, hay fever, asthma, animal dander, etc.):</i>	
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EMERGENCY TREATMENT INFORMATION! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorize New Testament Baptist Church Summer Camp 2019 to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent(s) _____

Signature of Parent(s) _____ Date _____

NTBC SUMMER CAMP 2019

Camp Dates, Tuition, Fees and Payment Options and Sibling Discounts

I. Camp Dates: May 28—August 2nd • **Time:** 9am-4pm • **Early In:** 7:30am • **Extended Care:** 4pm-6pm

Week 1 - (May 28 - 31)

Week 2 - (June 03 - 07)

Week 5 - (June 24 - 28)

Week 8 - (July 15 - 19)

Week 3 - (June 10 - 14)

Week 6 - (July 01-03 & 5)

Week 9 - (July 22 - 26)

Week 4 - (June 17 - 21)

Week 7 - (July 08 - 12)

Week 10 - (July 29 - Aug 02)

II. Tuition, Fees, and Payment Options

Registration Fee: \$75.00 per camper - One-time, non-refundable fee. Includes 2 shirts and a camp bag.

Full-Time Tuition (Prepaid): \$1500.00 per camper - Includes **all 48 days** of camp. ***\$AVE***



Prepaid Option #1 - Payable in full at time of registration or on first day of camp.

Prepaid Option #2 - Payable in three (3) payments of \$500.00 each. **Must be paid in full by May 28.**

Part-Time Tuition (Prepaid): \$750.00 per camper - Includes **any 24 days** of camp.

Prepaid Option #1 - Payable in full at time of registration or on first day of camp.

Prepaid Option #2 - Payable in two (2) payments of \$375.00 each. **Must be paid in full by May 28.**

Weekly Tuition: \$175.00 per camper - Monday through Friday. Must be paid in full on Monday morning of each week.

Lunch Ticket: \$25.00 - Good for 5 lunches. Ticket will be validated only on the days that your child orders lunch.

After Care Pass: \$25.00 - Good for 5 days. Ticket will be validated only on the days that your child stays in Aftercare.

Camp Shirts: Extra T-Shirts \$12.00 each.

III. Sibling Discounts: Discounts will apply **ONLY** when siblings attend camp at the same time.

Full-Time Tuition

1st Child \$1500

2nd Child \$1400

3rd+ Child \$1300

Part-Time Tuition

1st Child \$750

2nd Child \$725

3rd+ Child \$700

Weekly Tuition

1st Child \$175

2nd Child \$165

3rd+ Child \$155

NTBC SUMMER CAMP 2019

Automatic Credit Card Charge Authorization Form

Authorization Date _____

Cardholder's Name (Please Print) _____

Address _____

City, State, Zip Code _____

Phones: Home _____ Cell _____

Camper's Name(s) _____

This is to authorize NTBC/DCS to charge my credit card specified below for the tuition amount of \$_____. Plus any other amount due for miscellaneous charges such as lunch tickets, aftercare pass, and extra camp shirts. This authorization is in effect until I notify you in person or writing. Initials X _____

Credit Card Information (Please check one)

____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ DISCOVER

Credit Card Number ----- _____

V-Code _____ (3 digits on back of card) or (4 digits on front of AMEX card)

Expiration Date _____ (Card cannot expire within one year of authorization date)

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

NTBC SUMMER CAMP 2019

IMPORTANT INFORMATION!!! PLEASE READ, INITIAL and SIGN BELOW

REFUNDS: Refunds are only available on a camp credit basis that can be redeemed at a later time and are only offered to campers that undergo a severe illness or if a natural disaster occurs (i.e., hurricane, tropical storms, etc.). Refunds will be made only to the original payee and may not be used by someone else. **Initials** _____

ABSENCES: Refunds are not issued for vacations, special events, short-term illnesses of four (4) days or less, or other personal commitments that prevent attendance. However, a refund may be available for an extended illness if the student is absent the entire week. A note from the doctor/hospital and written note from the parent explaining the situation must be received in order to approve a camp credit refund. **Initials** _____

DISMISSAL FROM CAMP: There are times when the camp must dismiss a child due to psychological, emotional, or physical disability that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parents, camper (if appropriate), and the Camp Director. Dismissal for the aforementioned reasons will result in a complete refund for the unused days. On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, the camper (if appropriate), and the Camp Director. If a camper is dismissed for disciplinary reasons, there will be NO REFUND for the unused days. **Initials** _____

MANDATED REPORTING: NTBC/DCSS Summer 2019 employees are mandated, by Florida State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprising supervisors, we cannot, by law, require our employees to disclose his or her identity to anyone. **Initials** _____

PAYMENTS:

Weekly Campers: Full tuition amount (\$175) is due on Monday morning. **Initials** _____

Part-time Campers: Full tuition amount (\$750) must be prepaid by May 28. **Initials** _____

Full-time Campers: Full tuition amount (\$1500) must be prepaid by May 28. **Initials** _____

CAMP T-SHIRTS: For your child's safety, we require all campers to wear their camp T-shirt every day. Any camper that does not have his/her camp shirt, will be provided one and the parent/guardian will be charged \$12.00. **Initials** _____

PHOTO CONSENT: Any photographs taken of the campers by Camp Staff or their representatives are used for arts and crafts, scrapbooking, editorial and/or promotional uses only. **Initials** _____

I acknowledge that I have read NTBC—Summer 2019 camp policies and that I accept its conditions, hereby relieving NTBC, Dade Christian School, and its employees of all legal claims.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

NTBC SUMMER CAMP 2019

General, Transportation, Swimming, and Insurance Waivers

GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child's participation in the 2019 New Testament Baptist Church Summer Camp Programs at Dade Christian School. I am aware that there are inherent risks associated with participation in the aforementioned summer camp programs, parties, play areas, and inflatable equipment, and I, on behalf of myself and the participant named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in the camp programs and related camp functions. I will impress upon the child the importance of following camp rules, regulations, and leaders' directions. In consideration of the camp allowing this child to participate in its programs, I agree to hereby release and hold harmless, New Testament Baptist Church, The Master's Academy, and Dade Christian School, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to our participation in any and all summer camp activities, parties, the use of play areas, and/or inflatable equipment.

Initials _____

TRANSPORTATION and SWIMMING STATEMENT OF PERMISSION AND RELEASE

I/We, the undersigned, hereby grant my child permission to travel on camp sponsored trips. I acknowledge that my child will be participating in activities, field trips, and events organized by NTBC/Dade Christian School Summer Camp program. I understand some of the activities are water related and require minimal swimming skills. I also understand that my child will be traveling on a NTBC/Dade Christian School bus to and from these activities. I/We release and hold harmless, NTBC/Dade Christian School, the Camp Director(s) or his designee(s) from all liability for mishap or injury to the camper named herein from the time of departure to the time of return. In the event my child requires medical/surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the camp representative to furnish on my behalf such written or oral authorization as may be required. I understand that every effort will be made to contact the parents or guardians of campers. It is understood that the best possible care will be given to my child.

Initials _____

INSURANCE WAIVER

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000. Initials _____

Insurance Company _____ Policy Number _____

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW

Parent/Guardian Name: _____ Date _____

Parent/Guardian Signature _____

Camper's Name _____

NTBC SUMMER CAMP 2019

WEEKLY Tuition Option - Per Camper

***Reminder: Must be paid in full on the Monday morning of each week.**

Refer to the Camp Calendar and pick the weeks your child/children wish to attend.

Camp Dates:

____ **Week 1** - May 28 - 31

____ **Week 2** - June 03-07

____ **Week 5** - June 24-28

____ **Week 8** - July 15-19

____ **Week 3** - June 10-14

____ **Week 6** - July 01-03 & 05

____ **Week 9** - July 22-26

____ **Week 4** - June 17-21

____ **Week 7** - July 08-12

____ **Week 10** - July 29-Aug 02

Camper 1 - Name _____

Weekly Tuition (1st Child)	\$175.00	X_____ weeks	\$_____
Registration Fee (Non-refundable)	\$ 75.00	One-time fee	\$ 75.00
Lunch Ticket	\$ 25.00	X_____	\$_____
Extended Care Pass	\$ 25.00	X_____	\$_____
		Camper 1 Total	\$_____

Camper 2 - Name _____

Weekly Tuition (2nd Child)	\$165.00	X_____ weeks	\$_____
Registration Fee (Non-refundable)	\$ 75.00	One-time fee	\$ 75.00
Lunch Ticket	\$ 25.00	X_____	\$_____
Extended Care Pass	\$ 25.00	X_____	\$_____
		Camper 2 Total	\$_____

Camper 3 - Name _____

Weekly Tuition (3rd Child)	\$155.00	X_____ weeks	\$_____
Registration Fee (Non-refundable)	\$ 75.00	One-time fee	\$ 75.00
Lunch Ticket	\$ 25.00	X_____	\$_____
Extended Care Pass	\$ 25.00	X_____	\$_____
		Camper 3 Total	\$_____

NTBC SUMMER CAMP 2019

PART-TIME Tuition Option - Per Camper

*Reminder: Must be paid in full on or before May 28.

Refer to the Camp Calendar and pick ANY 24 DAYS your child/children wish to attend camp.

Camp Days: May- 28-31-June 3-4-5-6-7-10-11-12-13-14-17-18-19-20-21-24-25-26-27-28.

July 1-2-3-5-8-9-10-11-12-15-16-17-18-19-22-23-24-25-26-29-30-31.

August 1-2.

Please add the dates here: _____

Camper 1 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>
Part-time Tuition (1st Child)	\$750.00		\$375.00	\$375.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0
Lunch Ticket(\$25x____)	\$_____		\$_____	\$_____
Extended Care Pass(\$25x____)	\$_____		\$_____	\$_____
Camper 1 - Total	\$_____		\$_____	\$_____

Camper 2 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>
Part-time Tuition (2nd Child)	\$725.00		\$400.00	\$325.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0
Lunch Ticket(\$25x____)	\$_____		\$_____	\$_____
Extended Care Pass(\$25x____)	\$_____		\$_____	\$_____
Camper 2 - Total	\$_____		\$_____	\$_____

Camper 3 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>
Part-time Tuition (3rd Child)	\$700.00		\$400.00	\$300.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0
Lunch Ticket(\$25x____)	\$_____		\$_____	\$_____
Extended Care Pass(\$25x____)	\$_____		\$_____	\$_____
Camper 3 - Total	\$_____		\$_____	\$_____

NTBC SUMMER CAMP 2019

FULL-TIME Tuition Option - PerCamper

***Reminder: Must be paid in full on or before May 28**

Camper 1 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>	<u>Pymt #3</u>
Full-time Tuition (1st Child)	\$1500.00		\$500.00	\$500.00	\$500.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0	\$ 0
LunchTicket(\$25x____)	\$_____		\$_____	\$_____	\$_____
ExtendedCarePass(\$25x____)	\$_____		\$_____	\$_____	\$_____
Camper1 - Total	\$_____		\$_____	\$_____	\$_____

Camper 2 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>	<u>Pymt #3</u>
Full-time Tuition (2nd Child)	\$1300.00		\$500.00	\$400.00	\$400.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0	\$ 0
LunchTicket(\$25x____)	\$_____		\$_____	\$_____	\$_____
ExtendedCarePass(\$25x____)	\$_____		\$_____	\$_____	\$_____
Camper2 - Total	\$_____		\$_____	\$_____	\$_____

Camper 3 - Name _____

	<u>In Full</u>	or	<u>Pymt #1</u>	<u>Pymt #2</u>	<u>Pymt #3</u>
Full-time Tuition (3rd Child)	\$1200.00		\$400.00	\$400.00	\$400.00
Registration Fee (Non-refundable)	\$ 75.00		\$ 75.00	\$ 0	\$ 0
LunchTicket(\$25x____)	\$_____		\$_____	\$_____	\$_____
ExtendedCarePass(\$25x____)	\$_____		\$_____	\$_____	\$_____
Camper3 - Total	\$_____		\$_____	\$_____	\$_____